TOTAL CLAIMS minus 20= * ,	•	Application or Docket Number
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Column 1 Column 2 TYPE	Effective November 10, 1998	330103
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TOTAL CLAIMS minus 20 = , , , , , , , , , , , , , , , , , ,		
TOTAL CLAIMS Minus 30	BASIC FEE	380.00 OR 760.00
MULTIPLE DEPENDENT CLAIM PRESENT II. the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) Independent Amendment Present Dependent Claim FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM COLUMN 1) (Column 2) (Column 3) (Column 3) (Column 4) (Column 2) (Column 3) (Column 3) (Column 4) (Column 4) (Column 3) (Column 5) (Column 1) (Column 2) (Column 3) (Column 3) (Column 1) (Column 2) (Column 3) (Column 3) (Column 4) (Column 3) (Column 4) (Column 3) (Column 4) (Column 5) (Column 6) (Column 6) (Column 7) (Column 7) (Column 8) (Column 1) (Column 8) (Column 1) (Column 1) (Column 1) (Column 2) (Column 3) (Column 3) (Column 1) (Column 1) (Column 2) (Column 3) (Column 3) (Column 3) (Column 4) (Column 4) (Column 3) (Column 5) (Column 6) (Column 6) (Column 7) (Column 7) (Column 8) (Column 1) (Column 8) (Column 1) (Column 1) (Column 1) (Column 1) (Column 2) (Column 3) (Column 3) (Column 1) (Column 1) (Column 2) (Column 3) (Column 3) (Column 1) (Column 2) (Column 3) (Column 3) (Column 4) (Column 6) (Column 6) (Column 7) (Column 7) (Column 7) (Column 8) (Column 1) (Column 1) (Column 1) (Column 1) (Column 2) (Column 3) (Column 3) (Column 1) (Column 1) (Column 2) (Column 3) (Column 3) (Column 1) (Column 1) (Column 2) (Column 3) (Column 3) (Column 3) (Column 1) (Column 1) (Column 1) (Column 2) (Column 3) (Col	TOTAL CLAIMS minus 20= •) ¿p	X\$ θ= OB X\$18=
### Highest Presentation of Multiple Dependent Claim Column 1		V79.
TOTAL CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) (Column 3) (Column 4) (Column 3) (Colum	MULTIPLE DEPENDENT CLAIM PRESENT	
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COlumn 1) CLAIMS REMAINING RATER RAMENDMENT REPRODUST PREVIOUSLY PRODUCT RATE REMAINING REMAININ		
REMAINING ATER PREVIOUSLY PRESENT EXTRA PROJUGISTY PREVIOUSLY PROJECT EXTRA PROJUGISTY PROJECT EXTRA	(Column 1) (Column 2) (Column 3)	CHALL FAITHY OD CHALL ENTITY
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= OR	REMAINING NUMBER PRESENT	RATE TIONAL RATE TIONAL
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= OR	Independent • Minus • =	X39= OR X78=
Column 1) (Column 2) (Column 3) CLAIMS REMAINING RAFEE PRESENTATION OF MULTIPLE DEPENDENT CLAIM COLUMN 1) (Column 2) (Column 3) CLAIMS REMAINING RAFEE PRESENTATION OF MULTIPLE DEPENDENT CLAIM COLUMN 1) (Column 2) (Column 3) CLAIMS REMAINING RAFEE PRESENTATION OF MULTIPLE DEPENDENT CLAIM COLUMN 1) (Column 2) (Column 3) CLAIMS REMAINING REMAINING REMAINING RAFEE PREVIOUSLY PREV	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	+130= OR +260=
Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PRESENT EXTRA PREVIOUSLY PAID FOR Independent	-11	
CLAIMS REMAINING AFTER AMENDMENT PAID FOR PRESENT PREVIOUSLY PAID FOR PRESENT PRESENTATION OF MULTIPLE DEPENDENT CLAIM COLUMN 1 (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY	6 4/05 (Column 1) (Column 2) (Column 3)	
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+130 = OR +260 = TOTAL OR ADDIT. FEE OR TOTAL ADDIT. FEE OR	Independent • Minus ••• 3 =	X39= OR X78=
(Column 1) (Column 2) (Column 3) CLAIMS REMAINING NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA Total Minus M	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASM	+130= OR +260=
(Column 1) (Column 2) (Column 3) Highest Number Previously Paid For' In This SPACE is less than 3. enter '3.' (Column 1) (Column 2) (Column 3) Highest PRESENT ADDI- TIONAL FEE ADDI- TIONAL FEE X\$ 9= OR X\$18= CR ADDI- TIONAL FEE X\$ 9= OR X78= TOTAL ADDIT. FEE OR ADDI- TIONAL FEE ADDI- TOTAL ADDIT. FEE OR ADDIT. FEE OR TOTAL ADDIT. FEE OR ADDIT. FEE		OH
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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * Total ADDIT. FEE **OPE 130= **OPE 1	Independent • Minus ••• •	7
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL ADDIT. FEE OR ADDIT.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	J
ne 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20." ADDIT, FEEOH AD	e. If the actor is enhanced in large than the enter is enfance? write 10° in rehums?	UN I
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.	ne "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20	O. ADDIT FEE
•	The "Highest Number Previously Paid For" (Total or Independent) is the highest number	ber found in the appropriate box in column 1.
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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Discussion of known discussion of the second court of the second c		
Application Number	09/320,172	
Filing Date	May 26, 1999	
First Named Inventor	SHUMULEWITZ	
Art Unit .	3763	
Examiner Name	Mendez, M.	
Attorney Docket Number	TRNSV-055B/B2	

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

 Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered and amendments enclosed with the RCE will be entered in the order in which they were filed undess applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s). a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action 	
may be considered as a submission even if this box is not checked.	ı
i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on	ı
ii. Other	- 1
b. ☐ Enclosed i. ☐ Amendment/Reply iii. ☐ Information Disclosure Statement (IDS) ii. ☐ Affidavit(s)/Declaration(s) iv. ☐ Other	
2. Miscellaneous a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of	
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. \$60878 i. RCE fee required under 37 CFR 1.17(e) ii. Extension of time fee (37 CFR 1.136 and 1.17) iii. Other	r
b. Check in the amount of \$ enclosed	- 1
c. Payment by credit card (Form PTO-2038 endosed) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	<u> </u>
Signature Date May 4, 2005	
Name (Prim / Type) Robert D. Boyen Registration No. 32,460	フ
CERTIFICATE OF MAILING OR TRANSMISSION	1
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mai an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted the U.S. Patent and Trademark Office on the date shown below.	
Signature / William Los	
Name (Print/Type) Frankine Santers) Date May 4, 2005	

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This collection of Information is required by 37 CFR 1.114. The Information is required to obtain or relatin a baseful by the quality is governed by 38 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the trainfacture can use about of time you require to complete this form rendor suggestions for reducing the burden, should be sent to the Crief Information Officer, U.S. Patent and Trademark Office. U.S. Department of Commerce. P.O. Box 1450. Alexander v.A 2213-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexanderia, VA 22113-1450.

If you need easistance in completing the form, call 1-800-PTO-9189 and salect option 2.

PAGE 27. * RCVD AT 5.4/2005 12:37:37 PM (Eastern Daylight Time) * SVR:USPTO-EFXRF-1.4 * DNIS:8729306 * CSID: * DURATION (rem-ss):01-12